



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY

INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	<input checked="" type="checkbox"/>	0	3/27/18	PRECIOUS ONES CHILDCARE & LEARNING CENTER	
Follow-Up	<input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:	
Complaint	<input type="checkbox"/>		1:50 PM 2:55 PM	PRECIOUS ONES CHILDCARE CENTER	
Investigation	<input type="checkbox"/>	RATING	Sanitary Permit No.:	LOCATION: 642 CHALAN	Establishment Type:
Other:	<input type="checkbox"/>	A	20000-1700007	KANTON TASI, SINAJANA	CCC/NURSERY
			PERMIT STATUS:		
				Valid	Temporary Expired
No. of Children: 39 Male 21 Female 60 Total			Child Care License No.: 170170 / Valid / Provisional / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
A	A REGULAR INSPECTION WAS CONDUCTED.		
B	PREVIOUS INSPECTION CONDUCTED ON 11/29/17 (2, A.).		
C	ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED		
D	ITEM # 17.		
E	THE FOLLOWING WAS OBSERVED:		
F	NO VIOLATIONS.		
G	"A" PLACARD # 02544 ISSUED		
H	PIC BRIEFED ON THE ABOVE.		
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			
U			
V			
W			
X			
Y			
Z			

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within

10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

Rizalina Nababos Secretary

DEH Inspector (Name & Title):

J. GARCIA EPHO I Jim